

1997 California Fiduciary Income Tax Return

541

For calendar year 1997 or fiscal year beginning M M D D 1 9 9 7, and ending M M D D 1 9 Y Y.

Check applicable boxes:		Name of estate or trust		Federal employer identification no.		Do Not Write In These Spaces	
<input type="checkbox"/> Decedent's estate							
<input type="checkbox"/> Simple trust		Name and title of fiduciary				P	
<input type="checkbox"/> Complex trust						AC	
<input type="checkbox"/> Grantor type trust		Address of fiduciary (number and street or PO box)		Suite number		A	
<input type="checkbox"/> Bankruptcy estate - Chpt. 7						R	
<input type="checkbox"/> Bankruptcy estate - Chpt. 11		City		State		ZIP Code	
<input type="checkbox"/> Pooled income fund						RP	

Check applicable boxes: ☐ Initial return ☐ Final return ☐ REMIC
☐ Amended return. Attach explanation and schedules. ☐ Change in fiduciary's name or address

I N C O M E	1	Interest income	1		
	2	Dividends	2		
	3	Business income or (loss). Attach federal Schedule C or C-EZ (Form 1040)	3		
	4	Capital gain or (loss). Attach Schedule D (541)	4		
	5	Rents, royalties, partnerships, other estates and trusts, etc. Attach federal Schedule E (Form 1040)	5		
	6	Farm income or (loss). Attach federal Schedule F (Form 1040)	6		
	7	Ordinary gain or (loss). Attach Schedule D-1	7		
	8	Other income. See instructions. State nature of income	8		
	9	Total income. Combine line 1 through line 8	9		
D E D U C T I O N S	10	Interest	10		
	11	Taxes	11		
	12	Fiduciary fees.	12		
	13	Charitable deduction from Side 2, Schedule A, line 7	13		
	14	Attorney, accountant and return preparer fees.	14		
	15a	Other deductions not subject to 2% floor. Attach sch.	15a		
	15b	Allowable misc. itemized deductions subject to 2% floor	15b		
	15c	Total. Add line 15a and line 15b.	15c		
	16	Total. Add line 10 through line 15c.	16		
	17	Adjusted total income (or loss). Subtract line 16 from line 9.	17		
T A X A N D P A Y M E N T S	18	Income distribution deduction from Side 2, Schedule B, line 16. Attach Schedule K-1 (541)	18		
	20	Taxable income of fiduciary. Subtract line 18 from line 17.	20		
	21	a Regular tax; b Other taxes; c QSF tax; d Total	21		
	22	Exemption credit (\$10.00 for an estate, \$1.00 for a trust). See instructions	22		
	23	Credits. Attach worksheet. If one credit, enter code	23		
	24	Total. Add line 22 and line 23.	24		
	25	Subtract line 24 from line 21.	25		
	26	Alternative minimum tax. Attach Schedule P (541)	26		
	27	Tax liability. Add line 25 and line 26	27		
	28	California income tax withheld	28		
29	California income tax previously paid. See instructions	29			
30	1997 CA estimated tax, amount applied from 1996 return and payment with form FTB 3563.	30			
31	Total payments. Add line 28, line 29 and line 30	31			
32	Tax due. Subtract line 31 from line 27	32			
33	Overpaid tax. Subtract line 27 from line 31	33			
34	Amount of line 33 to be credited to 1998 estimated tax	34			
35	Amount of overpaid tax available this year. Subtract line 34 from line 33.	35			
36	Total voluntary contributions from Side 2, Schedule C, line 10.	36			
37	Refund or No Amount Due. Subtract line 36 from line 35.	37	\$		
38	Amount Due. Add line 32 and line 36	38	\$		
39	Underpayment of estimated tax. If form FTB 5805 is attached, check box at right.	39			

Schedule A **Charitable Deduction** Do not complete for a simple trust or a pooled income fund. Attach statement listing the name and address of each charitable organization to whom your contributions totaled \$3000 or more.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see instructions)	1		
2	Tax-exempt income allocable to charitable contributions (see instructions)	2		
3	Subtract line 2 from line 1	3		
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes.	4		
5	Add line 3 and line 4.	5		
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see instructions)	6		
7	Charitable deduction. Subtract line 6 from line 5. Enter here and on Side 1, line 13.	7		

Schedule B **Income Distribution Deduction**

1	Adjusted total income. Enter amount from Side 1, line 17	1		
2	Adjusted tax-exempt interest and nontaxable gain from installment sale of small business stock. See instructions	2		
3	Net gain shown on Schedule D (541), line 9, column a. If net loss, enter -0-. See instructions.	3		
4	Enter amount from Schedule A, line 4 (reduced by any allocable IRC Section 1202 exclusion).	4		
5	Enter capital gain included on Schedule A, line 1	5		
6	If amount on Side 1, line 4 is a capital loss, enter the amount here as a positive figure	6		
7	If amount on Side 1, line 4 is a capital gain, enter the amount here as a negative figure	7		
8	Distributable net income. Combine line 1 through line 7	8		
9	Amount of income for the taxable year determined under the governing instrument (accounting income)	9		
10	Amount of income required to be distributed currently.	10		
11	Other amounts paid, credited or otherwise required to be distributed	11		
12	Total distributions. Add line 10 and line 11. Note: For complex trusts with previously accumulated income: If the total on line 12 is greater than line 9, complete Schedule J (541) and file it with Form 541	12		
13	Enter the total amount of tax-exempt income included on line 12	13		
14	Tentative income distribution deduction. Subtract line 13 from line 12	14		
15	Tentative income distribution deduction. Subtract line 2 from line 8	15		
16	Income distribution deduction. Enter the smaller of line 14 or line 15 here and on Side 1, line 18	16		

Schedule C **Voluntary Contributions.** See instructions.

1	Alzheimer's Disease/Related Disorders Fund	48		00	6	California Firefighters' Memorial Fund	53		00
2	California Fund for Senior Citizens	49		00	7	California Public School Library Protection Fund	54		00
3	Rare and Endangered Species Preservation Program	50		00	8	D.A.R.E. California (Drug Abuse Resistance Education) Fund	55		00
4	State Children's Trust Fund for the Prevention of Child Abuse	51		00	9	California Military Museum Fund	56		00
5	California Breast Cancer Research Fund.	52		00					

10	Total voluntary contributions. Add line 1 through line 9. Enter here and on Side 1, line 36	60	10		00
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Other Information **Note:** Income of final year is taxable to beneficiaries

1	Date trust was created or, if an estate, date of decedent's death	5	Did the estate or trust receive tax-exempt income? If yes, attach computation of the allocation of expenses
2	a If an estate, was decedent a California resident? b Was decedent married at date of death? c If yes, enter surviving spouse's social security number and name	6	Is this return for a short taxable year?
3	If an estate: a Fair market value (FMV) of decedent's assets at date of death b FMV of assets located in California. c FMV of assets located outside California	7	If a trust: a Number of California resident trustees. b Number of nonresident trustees c Total number of trustees d Number of California resident beneficiaries e Number of nonresident beneficiaries. Total number of beneficiaries.
4	If this is the final return, enter date of court order authorizing final distribution of the estate	8	Is the trust required to complete federal Form 8271? If form 8271 is required, please attach a copy to this form.
		9	Enclose a copy of the FIRST TWO PAGES of your 1997 Form 1041, U.S. Income Tax Return for Estates and Trusts.

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Date	Preparer's social security no.
	Signature of fiduciary or officer representing fiduciary		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address		FEIN Telephone ()